

## Original Research Article

# Maternal satisfaction with childbirth services among postnatal mothers at a primary health center

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## ABSTRACT

**Background:** Primary health centers (PHC) are the first point of contact among the public and structured health services. Maternal satisfaction is an indicator of the quality of services received by the mother during their childbirth experience at the primary health centers. This study aimed to assess the maternal satisfaction of postnatal mothers with childbirth services at a primary health center.

**Methods:** A descriptive study was undertaken at a conveniently selected 24-hour functional primary health center. Maternal satisfaction of mothers delivering at the selected PHC was assessed by using the standardized SMMS tool. 36 mothers selected by convenience sampling were interviewed.

**Results:** All (100%) mothers were satisfied with their childbirth experience (overall mean score 143.3 and SD 5.68). Mothers expressed their highest level of satisfaction with the childbirth experience as one of their best experiences ( $4.9 \pm 0.3$ ), they agreed that doctors did all interventions they could do ( $4.8 \pm 0.4$ ) and also, they said that doctors and nurses explained them about all new situations related to labor ( $4.4 \pm 0.5$ ). Mothers were least satisfied with the management of labor pain ( $1.9 \pm 1$ ), nurses could have given them a little more time to start their breast feed ( $3.1 \pm 0.8$ ) and if they could have started breast-feeding a little early ( $3.2 \pm 1.2$ ).

**Conclusions:** Maternal satisfaction is an important indicator of maternal and newborn services provided at any health care facility. Assessing the mother's perspective is a good determinant of their expectations and can help improve the quality of services at the primary health centers.

**Keywords:** Maternal satisfaction, Primary health centers, Postnatal mothers, Hindi translated scale for measuring maternal satisfaction

## INTRODUCTION

United Nations sustainable development goal (SDG) aims to reduce the global maternal mortality ratio (MMR) to less than 70 per 100000 by 2030.<sup>1</sup> For 2017-2019 the MMR estimate for India is 103.<sup>2</sup> India looks all set to achieve the SDG target. India has made considerable progress in reducing the maternal and newborn mortality and morbidity in the last 2 decades.

Efforts by the Ministry of Health and Family Welfare have led to increased utilization of public health facilities and boosted the confidence of the public in the public health facilities. Various schemes like Janani Suraksha Yojna have led to increased institutionalization of deliveries.<sup>3</sup> Mere increased utilization is not an indicator of quality services as incentivizing lures the public for utilization of the facilities.

Maternal satisfaction is considered as an important indicator of maternal and newborn care received by the mother during her childbirth. Satisfaction of the mother with childbirth services increases the chances of optimum utilization of the available services and compliance to treatment. Women who are satisfied with their childbirth experiences tend to have a better self-esteem and an improved maternal neonatal bonding and are more likely to breast-feed the newborn exclusively.

Several factors influence the satisfaction of the mothers regarding childbirth services. Perception of safety of mother and baby at a health care facility also adds to the satisfaction of the mother and motivates them to choose for a health facility for delivery.<sup>4</sup> Maternal satisfaction is also seen to be influenced by the outcome of the labor process.

A cross sectional survey conducted by Jha et al exploring the satisfaction with childbirth services in public health facilities including 2 district hospitals and 15 community health centers among postnatal women in Chhattisgarh concluded that most of the women (68.7%) were satisfied with overall childbirth services received. Mothers reported least level of satisfaction regarding the process around meeting their neonates, interaction with care providers, provision of privacy, being free of fear of childbirth and monetary incentive had a positive influence on overall satisfaction of mothers.<sup>5</sup>

All components of the Donabedian model of quality of care including the structure, process and outcome are known to influence the maternal satisfaction but the process of care is found to be the most influencing one.<sup>6</sup>

This study aims to explore the satisfaction of mothers with childbirth services at a primary health center.

## METHODS

Exploratory study design was adopted for the present study. As a pilot project for the main study 1 primary health center Keru of Jodhpur district of Western Rajasthan was selected by convenience sampling and 36 postnatal mothers who have delivered at the selected primary health center by normal vaginal delivery were included and mothers with a still birth were excluded. Keru is situated in the Mandor block and is at a distance of 25 km from city headquarter. The data collection was done during June 2021.

Mothers who have delivered at the primary health center and those who have not completed 7 days after delivery were interviewed by face-to-face interview/telephonic interview by using the Hindi translated SMMS – normal birth scale. SMMS – normal birth Hindi translated scale for measuring maternal satisfaction for normal birth. It is a standardized tool with 36 items to assess the maternal satisfaction with childbirth services. Scale for measurement of maternal satisfaction is originally a Turkish tool.<sup>7</sup> The psychometric properties of SMMS -

normal birth have already been tested in the Indian context. SMMS – normal birth is a valid and reliable tool to assess maternal satisfaction in Indian context.<sup>8</sup> 105.5 was taken as the cut off score. It is one of the valid and reliable instruments to assess the maternal satisfaction. The scale is developed to measure experience of care and emotional experience of childbirth as a measure of satisfaction.<sup>9</sup>

Data were cleaned coded and descriptive and inferential statistics was used for data analysis. Ethical clearance was obtained from the institutional ethics committee and permission was taken from the district health administration for collection of data at a public health facility.

## RESULTS

36 mothers were selected by convenient sampling who delivered by a normal vaginal delivery at the selected primary health center. Average age of mothers was 25.28 years (SD=2.4). 4 (11.11%) mothers were primigravidae and 32 (88.9%) mothers were multigravida. 20 (55.55%) mothers had no formal education (Table 1).

**Table 1: Description of the sample characteristics (n=36).**

Characteristics	F (%)
<b>Age (years)</b>	
<25	11 (30.5)
≥25	25 (69.5)
Mean±SD	25.28±2.4
<b>Gravidity</b>	
Primigravida	4 (11.11)
Multigravida	32 (88.9)
<b>Educational status</b>	
No formal education	20 (55.55)
Primary	16 (44.45)

All (100%) mothers were satisfied with their child birth experience (overall mean score 143.3 and SD 5.68) (Table 2).

**Table 2: Level of satisfaction (SMMS score) (n=36).**

Level of satisfaction	F (%)
<b>Satisfied (≥105.5)</b>	36 (100)
<b>Less satisfied (&lt;105.5)</b>	-
<b>Mean, SD and range</b>	143.4±6.4, 130-154

Data presented in Table 3 describes that the mothers expressed their highest level of satisfaction with the childbirth experience as one of their best experiences (sub scale mean 4.9 and SD 0.3), they agreed that doctors did all interventions they could do (mean sub scale score 4.8 and SD 0.4) and also, they said that doctors and nurses explained them about all new situations related to labor (mean sub scale score 4.4 and SD 0.5).

**Table 3: Item wise mean and SD of satisfaction scores (n=36).**

Parameters	SMMS – normal birth scale	Mean±SD
ND 01	The doctors, midwives and nurses involved in my birth treated me/behaved well	4.3±0.7
ND 02	The doctors, midwives and nurses involved in my birth treated my family well	4.3±0.7
ND 03	I believe that doctors have done necessary medical interventions during childbirth	4.8±0.4
ND 04	Midwives and nurses spent enough time help me to cope with pain during labour	4.4±0.6
ND 05	The nurses spent enough time to meet my needs during labour and delivery	4.3±0.5
ND 06	Everyone told me just what I should do at birth	4±0
ND 07	Some more things (medication, massage, etc.) could have been done for relieving my pain during labour	1.9±1
ND 08	My partner/family was informed about all necessary procedures during my labour and childbirth	3.5±0.5
ND 09	The doctors and midwives and nurses took into account everything I said at birth	3.6±0.5
ND 10	I knew which doctors and midwives and nurses would be responsible from my care during birth	3.4±0.5
ND 11	Doctors and nurses explained me every new situation occurred during birth	4.4±0.5
ND 12	Doctors and nurses explained my partner/family every new situation occurred during birth	3.5±0.5
ND 13	My consent was asked before performing the procedures related with my care during birth	4.4±0.6
ND 14	Consent of my partner/family was asked before performing the procedures related with my care during birth when necessary	4.4±0.6
ND 15	After birth, I'd like to hold my baby earlier	4.1±0.6
ND 16	After birth, my family would love to be able to see the baby earlier	3.5±0.8
ND 17	After birth, I'd like to breast feed my baby earlier	3.2±1.2
ND 18	Nurses met my needs adequately during the days after birth	4.1±0.6
ND 19	Nurses spent enough time to give information about my own care after birth.	3.7±0.5
ND 20	Nurses spent enough time to give information about the care of my baby.	4.2±0.4
ND 21	Nurses spent enough time to help breastfeeding	3.1±0.8
ND 22	The information received from different caregivers about self-care and baby care was consistent	4.4±0.5
ND 23	The room in which I stayed during labour was clean and adequate to meet my needs	4.3±0.5
ND 24	The room in which I gave birth was a comfortable and clean place	4.3±0.5
ND 25	The room in which I stayed after birth was comfortable and adequate to meet my needs	4.3±0.5
ND 26	The room in which I stayed after birth was suitable for the visits of my family and friends	4.3±0.5
ND 27	The food service was good at hospital	3.5±0.6
ND 28	There were people coming in and out of my room unnecessarily during labor	4.3±0.5
ND 29	There were people coming in and out of my room unnecessarily after birth	4.3±0.5
ND 30	Health-care personnel showed respect to my privacy during their practices	4.3±0.5
ND 31	Special moments I lived with my family during and after birth were interrupted by medical staff because of routine interventions that could be delayed easily	3.4±0.6
ND 32	I could not get any better care in this hospital	4.3±0.7
ND 33	My birth experience was completely as I had expected and hoped	4±0.6
ND 34	The labour was longer than I had expected	4.2±0.7
ND 35	I had not expected to have some of the medical interventions used at my birth	3.7±0.7
ND 36	This birth was one of the most beautiful experiences in my life	4.9±0.3

Findings showed that the mothers were least satisfied with the management of labor pain (mean sub scale score 1.9 and SD 1). Nurses could have given them a little more time to start their breast feed (mean sub scale score 3.1 and SD 0.8) and if they could have started breast feeding a little early (mean sub scale score 3.2 and SD 1.2).

## DISCUSSION

In the present study average age of mothers was 25.28 years (SD=2.4) that was consistent with the findings of a study conducted in primary health centers of Assam district.<sup>10</sup>

Findings from the present study reveal that all women (100%) were satisfied with the childbirth services available at the primary health center. These findings are almost consistent with the results of Misra in their study on client's perspective of obstetric care at primary health center and reported satisfaction rate of 89%.<sup>11</sup>

We agree with the observations that the outcome of the birth that is a safe delivery influences the overall satisfaction. The major area of concern was identified so as to improve the interpersonal communication to improve maternal satisfaction. Similar findings have been reported by Jha in their study on satisfaction with childbirth services provided in public health facilities among postnatal women in Chhattisgarh, India.<sup>5</sup>

Findings showed that the mothers were least satisfied with the management of labor pain (mean sub scale score 1.86 and SD 0.9) These findings are consistent with the findings of Bhattacharya that reports women wish their pain should be addressed during their delivery.<sup>12</sup> Mothers and families that choose to deliver at a public health facilities have their own expectations and when these expectations are met their childbirth experience becomes memorable.<sup>13</sup>

Major limitation of the study is halo effect of completing the pregnancy with the delivery of newborn influences the satisfaction of the mother. When mothers hold their baby in their hand and discover that they have safely delivered they feel satisfied with their delivery experience as a whole.

## CONCLUSION

Satisfaction is an important indicator of the quality of maternal and newborn services. Awareness regarding the determinants of maternal satisfaction can help the facilities to improve their services as increased satisfaction leads to increased utilization of the services as well as better compliance to treatment. Present study concludes that availability of skilled care and involvement of mother in care is an important determinant of maternal satisfaction.

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